

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Foley for Mayor 2018</b>		Date of This Filing <b>08/22/18</b>	RECEIVED CITY CALIFORNIA FORM <b>497</b> 18 AUG 23 AM 8:23 CITY OF COSTA MESA BY _____
AREA CODE/PHONE NUMBER <b>949-502-8800</b>	I.D. NUMBER (if applicable) <b>1397432</b>	Report No. _____	
STREET ADDRESS <b>1600 Dove Street, Suite 101</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY <b>Newport Beach</b>	STATE <b>CA</b>	ZIP CODE <b>92660</b>	
		No. of Pages <b>1</b>	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/16/18	Lockyer for Controller 2022 5429 Madison Avenue Sacramento, CA 95841	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/21/18	Social Costa Mesa, LLC 512 W. 19th Street Costa Mesa, CA 92627-2748	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,897.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

### \*\*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_